

**POLICE OFFICER ENTRANCE EXAMINATION
CITY OF BEDFORD**

The City of Bedford Civil Service Commission is seeking candidates for the position of Police Officer. The City **first requires** a candidate to pass a Police Officer physical agility test administered through the Western Campus of the Cuyahoga Community College. A candidate must present a certificate of passing from this facility with a date not prior to February 25th, 2005 and must have a Cuyahoga Community College Police Officer Physical Agility Certificate of passing, filed with their application, by 5:00 p.m. February 17th, 2006. To register for the exam, and any information you may need pertinent to this exam, please call Ms. Carrie Havens at Cuyahoga Community College **(216) 987-5318**.

The written Civil Service examination for Police Officer will be given on Saturday February 25th, 2006. The test will be administered at the Bedford High School Cafeteria, 481 Northfield Road, Bedford, Ohio, at 9:00 A.M. Registration is to begin at 8:00 A.M. Applications may be picked up at Bedford City Hall Finance Department, 165 Center Road, Monday through Friday, from 8:00 a.m. – 5:00 p.m. beginning January 3, 2006 or on the City's Website www.bedfordoh.gov. Applicants will be fingerprinted prior to the exam for identification purposes.

FEE: There is a \$ 30.00 (non-refundable) fee for each applicant taking the written examination. The application must be returned with the fee in either cash or by money order. No personal checks.

The Bedford Civil Service Commission will be adding 10 points to an applicant's written exam passing score (passing grade of 70%) for the following: Ohio Peace Officer Training Academy certification (basic training 558 hours) or a valid Ohio Peace Officer Training Academy certification (candidates who need to take the Ohio Peace Officer Training Commission Certified Basic Peace Officer Refresher) (10 points). Four (4) points will be credited for candidate living within the City of Bedford at least 6 full months prior to the exam date. The maximum number of points added to a candidates score is 14 points. The tie breaker for ranking position purposes, will be the faster achieved time by the candidates, on the 1.5 mile run portion of the physical agility test. Applicant must provide copies of above transcripts, certificates and proof of residency when filing application. The applicant must be a high school graduate or equivalent and provide a photocopy of their high school diploma or an official high school transcript certified by the school or GED certificate with the application, as well as a copy of valid driver's license. The City of Bedford has a residency requirement of all communities within 25 miles (ask for listing). Such residency shall be established within 90 days after probation period. The applicant must be a citizen of the United States at the time of filing the application.

The deadline for return of the application is Friday, February 17th, 2006 at 5:00 p.m. The applicant, in person must present completed application. Applications will be limited to the first 240 in regards to room size in accordance with prescribed fire code regulations.

The entrance examination for police officer is open to all qualified persons who have attained the age of 21 by the date of the written examination February 25, 2006. Qualified applicants will be subjected to extensive physical examination, polygraph examination, extensive background investigation, psychological examination and personal interview. Positive identification will be required at time of all examinations.

**THE CITY OF BEDFORD IS AN EQUAL OPPORTUNITY EMPLOYER
By Order of the Civil Service Commission**

Bedford Civil Service Commission

Written Test Number _____

Print Name _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
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Address _____

Signature _____

*Application for Position of City of Bedford Police Department Civil Service
Commission Use Only – Do not mark below this line.*

Right Hand Thumbprint

Written Test

Polygraph

Interview

Figure 1

Witnessed By

Witnessed By

Witnessed By

Date: _____

***City of Bedford
Civil Service Commission***

Application for the Police Officer Examination

*This Application **must** be completed with pen or typewriter.*

Name: _____
(Last) (First) (Middle)

Address: _____

 (City) (State) (Zip Code)
 Phone
 Number: _____
 (Area Code) (Phone Number)

*Below list three additional phone numbers in which we can contact you if not available at the number listed above. This may include cell number, pager number or the number of a relative or friend that would know how to contact you. The applicant is responsible for notifying the City of Bedford Civil Service Commission of any changes in regards to address, phone numbers etc. **The Civil Service Commission reserves the right to remove a candidate for non-compliance of current address and or phone numbers.***

<i>(Area Code)</i>	<i>(Phone Number)</i>	<i>Name</i>
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<i>(Area Code)</i>	<i>(Phone Number)</i>	<i>Name</i>
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(Area Code)	(Phone Number)	Name
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E-Mail Address

Please check the following that apply to you. Maximum number of points (14):

_____ Ohio Peace Officer Training Academy Certification
(Basic Training 558) or a valid Ohio Peace Officer Training
Academy certification (candidates who need to take the Ohio
Peace Officer Training Commission Certified Basic Peace
Officer Refresher). (10 points)

_____ City of Bedford Resident (4 points)

NOTE: In order to determine eligibility for additional points, the above papers must be presented at the time of filing this application.

The City of Bedford requires a valid Ohio Driver's License Upon Date of Hire.

Ohio Driver's License No. _____

Are you a citizen of the United States? _____ Yes _____ No.

BEFORE SIGNING THIS APPLICATION, READ OVER YOUR ANSWERS TO EACH QUESTION TO DETERMINE THE ACCURACY AND COMPLETENESS OF YOUR RESPONSES. THIS APPLICATION MUST BE NOTARIZED PRIOR TO FILING IT WITH THE CIVIL SERVICE COMMISSION.

"My signature will signify that I will have reached the age of twenty-one (21) by the date of the written examination. I swear / affirm that all statements made by me are true, complete and correct to the best of my knowledge. I am aware that any false statement made by me will be sufficient cause for excluding me from participating in the examination and / or removing my name from any eligibility list established by the Civil Service Commission as a result of this examination."

_____ (DATE) _____ (APPLICANT SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE, A NOTARY PUBLIC, THIS

_____ DAY OF _____ 2006.

_____ (Notary Signature) _____ (Notary Address)

THE DEADLINE FOR FILING THIS APPLICATION

IS FRIDAY, FEBRUARY 17TH, 2006 AT 5:00 P.M.



Public Safety Training Institute
Law Enforcement Division
Police Agility Program
11000 PLEASANT VALLEY ROAD, PARMA, OHIO 44130-5199
PHONE: 216-987-5318

Dear Candidate,

Congratulations on your choice of a career in Law Enforcement. The Agency you are testing with has contracted with Cuyahoga Community College to provide a Standardized Police Agility Test. The Physical Agility/Fitness Test is the result of years of research and practical application. The Agility Test you will take, was created by experts, validated by scientific research, and will be administered impartially and fairly at a neutral test site. The test site will be Cuyahoga Community College's Western Campus in Parma, Ohio. You will be asked to complete a Health History Risk Assessment and an Informed Consent form prior to participation in the test. **We strongly recommend you consult with your personal physician before starting the preparatory course and taking the agility test.**

Enclosed please find a Registration Form, the Informed Consent Form, and the Health History Risk Assessment form. If you are participating in the agility test, you must register and have payment in by ***the Wednesday preceding your assigned test date.*** You will be assigned a test date when you call to register for the agility test. The cost for the physical agility test is \$50 and it is mandatory. Please call Ms. Carrie Havens at 216-987-5318 to register for the test.

The Police Agility Program does not mail out confirmations. Cancellation notice must be given two (2) business days prior to the examination. No refunds will be given after the Wednesday prior to the test and/or prep course start date.

I wish you the best of luck. Please call if you have any questions.

Sincerely,

Ryan O'Farrell

Ryan O'Farrell
Program Coordinator
Police Agility Program
Office: 216-987-5165
Cell: 440-667-1126



Police Officer Standardized Physical Agility Test Registration Form

Please Print and
Complete All Items

☐ New Student ☐ Returning Student

Last Attended:
Month Year

Personal Information

SS# (required) _____

Name _____
Last First MI Maiden

Address _____
Number Street Apt. No.

City State Zip County

Phone _____
Area Code Number

E-Mail _____

Sex ☐ Male ☐ Female
Ethnic Code ☐ Black ☐ American Indian or Alaskan
☐ White (non-hispanic) ☐ Asian, Pacific Islander, Indian Subcontinent
☐ Hispanic ☐ Other _____

Date of Birth (required) _____

U.S. Citizen ☐ Yes ☐ No

Testing Agency Information

Testing for ☐ Academy ☐ Department

Department _____

Address _____
Number Street

City State Zip County

Phone _____
Area Code Number

FAX _____
Area Code Number Extension

Mail or FAX In Registration

Payment Type

☐ Bill Company, please submit letter of intent or purchase order.

☐ Check Enclosed ☐ Money Order

☐ Master Charge Exp. Date _____

☐ Visa Exp. Date _____

☐ Discover Exp. Date _____

Account Number _____

Name on Card _____

Signature _____

Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call (216) 987-5318.

Mail registrations to Cuyahoga Community College; 11000 Pleasant Valley Rd.; Crile 209-C; Parma, OH 44130.

Fax registrations to (440) 884-4373.

NOTE: If your dept. is paying, you must include either a letter of intent signed by the chief (on department letterhead), or a copy of the purchase order.

Course Reference Number	Course Title	Start Date	Fee
	Physical Agility Test		\$50.00
	Preparatory Course		\$100.00

Cuyahoga Community College Public Safety Training Institute Law Enforcement Division Police Agility Program

Preparing for the Police Agility Test

WHAT TEST STANDARDS MUST BE MET?

The test will be given in the following sequence. There will be rest periods between each event. Each test is scored separately and you must meet the standard on each and every test. The standards are as follows:

<u>TEST</u>	<u>STANDARD</u>
Minimum push ups	27
Minimum sit ups	31
Illinois Agility Run	19 seconds
1RM bench press	Push 78% of your body weight
300 meter run	62 seconds
1.5 mile run	16:36

HOW TO PREPARE FOR THE TEST?

Training will be required to meet the standards. Each test has a different training routine.

Maximum Pushup and Sit up Tests

To prepare for this test follow this routine.

The **first step** is to see how many pushups can be accomplished. That will become the initial training repetition dose or **ITRD**.

<u>Week</u>	<u>Sets</u>	<u>Repetitions</u>	<u>Frequency</u>
1	1	ITRD	3/week
2	2	ITRD divided by 1/2	3/week
3	3	ITRD divided by 1/2	3/week
4	3	ITRD divided by 1/2 plus 2	3/week
5	3	ITRD divided by 1/2 plus 4	3/week
6	3	ITRD divided by 1/2 plus 6	3/week
7	3	ITRD divided by 1/2 plus 8	3/week
8	3	ITRD divided by 1/2 plus 10	3/week

For each successful week keep adding 2 more repetitions per week.

If a regular push up can not be completed, at first, do the modified push up for several weeks following the same routine, then advance to the regular push up.

Illinois Agility Run To prepare for this test the participant will need to practice sprinting around obstacles.

1. Set up a course by spacing at least four (4) obstacles (chairs, cardboard boxes etc.) 10 feet apart.
 2. At least two days a week do two (2) sets of sprinting around the obstacles four times non-stop.
-

1 RM Bench Press To prepare for this test the participant will need access to weights.

The **first step** is to determine the maximum weight the participant can push up one time.

The **second step** is to determine 60% of that weight. This will be a weight that can be done 8-10 REPS. Use the schedule below:

REPS = the number of times you do the exercise (number of lifts of the weight)

SETS = the number of times you do the series of reps.

<u>Week</u>	<u>Weight</u>	<u>Sets</u>	<u>Reps</u>	<u>Frequency</u>
1	60% of 1RM	1	8-10	3/week
2	60% of 1RM	2	8-10	3/week
3	60% of 1RM	3	8-10	3/week
4	60% of 1RM	3	8-10	3/week
5	60% of 1RM plus 5 lbs	3	8-10	3/week
6	60% of 1RM plus 5 lbs	3	8-10	3/week
7	60% of 1RM plus 10 lbs	3	8-10	3/week
8	60% of 1RM plus 10 lbs	3	8-10	3/week
9	60% of 1RM plus 10-20 lbs	3	8-10	3/week
10	60% of 1RM plus 10-20 lbs	3	8-10	3/week

300 Meter Run

To prepare for this test the participant will need to do interval training.

The **first step** is to time one's self for an all out effort at 110 yards. This is called the initial time or IT.

The **second step** is to divide the IT by .80 to get the starting training time. Then follow the schedule below:

<u>Frequency</u>	<u>Week</u>	<u>Training Distance</u>	<u>Number of Times you Sprint Repetitions</u>	<u>Time for the sprint Training Time</u>	<u>Rest period between sprints Rest Time</u>
1/week	1 & 2	110 yards	4	.80 into IT	2 min.
1/week	3 & 4	110 yards	5	.80 into IT minus 2-3 sec.	2 min.
1/week	5 & 6	110 yards	6	.80 into IT minus 5-6 sec.	2 min.
1/week	7 & 8	220 yards	4	.80 into IT times 2	2 min.
2/week	9 & 10	220 yards	4	.80 into IT times 2 minus 4 sec.	2 min.

1.5 Mile Run

To prepare for this test, the participant needs to gradually increase running endurance. The schedule below is a proven progressive routine. If applicable the participant may advance the schedule on a weekly basis and then proceed to the next level. If the distance can be accomplished in less time, then do so.

<u>WEEK</u>	<u>ACTIVITY</u>	<u>DISTANCE</u>	<u>TIME</u>	<u>FREQUENCY</u>
1	Walk	1 mile	17-20 min.	5/week
2	Walk	1.5 mile	25-29 min.	5/week
3	Walk	2 miles	32-35 min.	5/week
4	Walk	2 miles	28-30 min.	5/week
5	Walk/jog	2 miles	27 min.	5/week
6	Walk/jog	2 miles	26 min.	5/week
7	Walk/jog	2 miles	25 min.	5/week
8	Walk/jog	2 miles	24 min.	5/week
9	Jog	2 miles	23 min.	4/week
10	Jog	2 miles	22 min.	4/week
11	Jog	2 miles	21 min.	4/week
12	Jog	2 miles	20 min.	4/week

**Cuyahoga Community College
Public Safety Training Institute
Law Enforcement Division
Police Agility Program**

**INFORMED CONSENT
Preparatory Course**

My signature on this form indicates I have given my informed consent to participate in the Standardized Physical Agility Preparatory (Prep) Course administered by Cuyahoga Community College via the Public Safety Training Institute, Law Enforcement Division. The curriculum for the Prep Course may include the following: health and medical screening, exercise tests to include push ups, sit ups, 1.5 mile run and a 300-meter dash, exercise programs and total fitness education.

The purpose of the screening is to ascertain risk for testing. The purpose of the testing is to ascertain your current level of fitness. The purpose of the exercise program is to provide you a way to improve your fitness level.

I understand that in any exercise test or program there is the chance of unfavorable results or conditions. These results and conditions may include injury, cardiovascular episodes, changes in blood pressure, and on rare occasions a heart attack or other serious illness. I further understand that it is my responsibility to immediately report any of these conditions to the staff. I agree that if it is required, I will obtain, at my own expense, medical clearance from a qualified physician to participate in the Prep Course.

I further acknowledge that any additional medical, and costs related thereto, are my responsibility. I agree to answer all questions on the Health History Risk form honestly and accurately. I understand that failure to do so may reduce the chances of successfully completing the Prep Course. I give my consent for any data collected during the program to be used for testing and research purposes with the understanding that my confidentiality will be guaranteed. I understand and agree that this course and all aspects of testing, training, and exercise are voluntary. My participation is solely my choice. I agree to release from liability Cuyahoga Community College, the staff, and instructors who are involved in giving instruction and administering exercise activities during the course.

Signature _____

Date _____

Witness _____

Date _____

**Cuyahoga Community College
Public Safety Training Institute
Law Enforcement Division
Police Agility Program**

**INFORMED CONSENT
Physical Agility Test**

My signature on this form indicates I have given my informed consent to participate in the Standardized Physical Agility Test administered by Cuyahoga Community College via the Public Safety Training Institute, Law Enforcement Division. The purpose of the testing is to ascertain your current level of fitness.

I understand that in any exercise test or program there is the chance of unfavorable results or conditions. These results and conditions may include injury, cardiovascular episodes, changes in blood pressure, and on rare occasions a heart attack or other serious illness. I further understand that it is my responsibility to immediately report any of these conditions to the staff. I agree that if it is required, I will obtain, at my own expense, medical clearance from a qualified physician to participate in the Physical Agility Test.

I further acknowledge that any additional medical, and costs related thereto, are my responsibility. I agree to answer all questions on the Health History Risk form honestly and accurately. I understand that failure to do so may reduce the chances of successfully completing the Physical Agility Test. I give my consent for any data collected during the program to be used for testing and research purposes with the understanding that my confidentiality will be guaranteed. I understand and agree that this course and all aspects of testing, training, and exercise are voluntary. My participation is solely my choice. I agree to release from liability Cuyahoga Community College, the staff, and instructors who are involved in giving instruction and administering exercise activities during the test.

Signature _____

Date _____

Witness _____

Date _____

Cuyahoga Community College
Public Safety Training Institute
Law Enforcement Division
Police Agility Program

Health History Form

Instructions: Fill in the following information about yourself.

Name _____	Resting Heart Rate _____
Age _____	Blood Pressure (if known) _____
Date _____	Total Cholesterol (if known) _____
	Total/HDL (if known) _____

Has a physician ever told you or do you have any reason to believe that you have or ever have had any of the following:

If yes, please indicate if Current (C) or Past (P).

- _____ 1. Hypertension (high blood pressure)
- _____ 2. Diseases of the arteries or heart
- _____ 3. Stroke
- _____ 4. Abnormal ECG (electrocardiogram), racing heart rate, or heart murmur
- _____ 5. Abnormal chest X ray
- _____ 6. Recurrent symptoms such as chest pain or dizziness
- _____ 7. Breathing problems such as shortness of breath or nighttime breathing problems
- _____ 8. Ankle swelling or lower leg pain
- _____ 9. Smoking. If you currently smoke, how much? _____
If you smoked in the past, how many years ago did you quit? _____
- _____ 10. Diabetes or abnormal blood sugar test
- _____ 11. Close relatives (mother, father, sibling) who have a history of heart disease
If yes, how many had the disease prior to age 55? _____
- _____ 12. Exercise regularly and vigorously less than 3 days a week.
- _____ 13. Orthopedic or muscular problems
If so, please list. _____
- _____ 14. Asthma
- _____ 15. Other lung disease
- _____ 16. Epilepsy
- _____ 17. Anemia
- _____ 18. Overweight
- _____ 19. Do you take prescription drugs? If yes, please list the drugs and the reason for their use.

- _____ 20. Any other major health problems. If so, please list.



PUBLIC SAFETY TRAINING INSTITUTE
LAW ENFORCEMENT TRAINING DIVISION

Ohio Peace Officer Training Commission Certified
BASIC PEACE OFFICER REFRESHER

This training is required for those individuals reappointed as peace officers on or after January 1, 1989 who have had a break in service of more than one year but less than four years. This course meets the requirements described in Section 109:2-1-12(D) of the Ohio Administrative Code. **Students must present a determination letter (at time of registration) from the OPOTC indicating that he or she must attend the refresher school.**

Dates: February 6 – March 10, 2005

Times: Monday - Thursday, 6:00 p.m. – 10:00 p.m. and Saturday, 8:00 a.m. – 5:00 p.m.

Location: Cuyahoga Community College
Unified Technologies Center
2415 Woodland Avenue
Cleveland, Ohio 44115

Cost: \$650.00

REGISTRATION: Please complete the enclosed registration form and return it to: Cuyahoga Community College, Public Safety Training Institute, Law Enforcement Training Division, 11000 Pleasant Valley Road, Crile Bldg. Room 209, Parma, OH 44130. Payment can be made with MasterCard, Visa, Discover, check or purchase order. No confirmations will be mailed. Cancellation notice must be given two (2) business days prior to the course. For additional information, please call (216) 987-5318.